

EXHIBIT D

State of Maryland Motor Vehicle Accident Report

Case 1:02-cv-02084-MJC Document 15-6 Filed 03/14/2003 Page 2 of 2

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| REPORT NO. 09041213 | | DATE 01/15/01 | | ACCIDENT TIME 0634 | | REPORT TYPE <input checked="" type="checkbox"/> FATAL <input checked="" type="checkbox"/> INJURY <input type="checkbox"/> PDO <input type="checkbox"/> HIT & RUN <input type="checkbox"/> NON-TRAFFIC | | LOCAL CASE NUMBER 91011882 | | LOCAL CODES 5411 | | COUNTY 15 | |
| INVESTIGATING OFFICER ID 357 | | | | AGENCY AND AREA CM 600 | | SUPERVISING OFFICER ID 091 | | REVIEWER ID # 00 | | CODE - AND - NAME OF MUNICIPALITY 00 | | | |
| AD CHASE 020900027 | | DATE WHEN ACCIDENT OCCURRED 01/15/01 | | ROAD NAME WACOMOR DR | | IN LANE SV | | TRAF SIG YES | | ON CAMP YES | | ZAMP NUMBER 0 | |
| RD COMD 01 | | INT-ITE 02593 | | INTERSECTING ROAD NAME or Log Mile Reference Manual description WACOMOR DRIVE | | MILEPT 001.14 | | DIR W | | CHL. OF Acc. or INT-ITE/Ref. & Dir. W | | IN INTERSECTION YES | |
| RD DIV 01 | | ACCIDENT DIAGRAM | | Show & Label: Roads, Traffic Units, the Travel Direction, Intersection with the Log Mile Reference Manual, and Movement of Traffic Units. | | NORTH ↑ | | DESCRIBE ACCIDENT briefly, identify parties by numbers. Also describe the following: a) the OBJECT DAMAGED & NATURE OF DAMAGE. Property other than vehicles and b) the NAME & ADDRESS OF OWNER when applicable. | | | | | |
| SRF COMD 01 | | Show & Label: Roads, Traffic Units, the Travel Direction, Intersection with the Log Mile Reference Manual, and Movement of Traffic Units. | | Show & Label: Roads, Traffic Units, the Travel Direction, Intersection with the Log Mile Reference Manual, and Movement of Traffic Units. | | Show & Label: Roads, Traffic Units, the Travel Direction, Intersection with the Log Mile Reference Manual, and Movement of Traffic Units. | | UNIT #2 was proceeding SIB on Rt 27. Unit #1 was also proceeding SIB on Rt 27. Driver of unit #1 stated he was his eyes off the road for a moment while he looked back. Unit #2 was at his Right Rear bumper. Unit 1 struck unit #2 + prior #2 was ejected from Bicycle. | | | | | |
| UNIT # 01 | | NAME (First, Middle, Last) BENJAMIN JAMES MARTIN | | SEX M | | UNIT # 02 | | NAME (First, Middle, Last) William Rose DASH CARROLL | | SEX M | | UNIT # 01 | |
| TYPE OF UNIT DRIVER | | ADDRESS (No. Street, City, State, Zip) 355 New Holland PA 17551 | | TEL. 717-355-2287 | | TYPE OF UNIT DRIVER | | ADDRESS (No. Street, City, State, Zip) 344 Darnestown Rd 20812 | | TEL. 301-353-1500 | | UNIT # 01 | |
| MOVEMENT 01 | | CONDITN 01 | | SUBST 01 | | TEST 03 | | RESULT 00 | | FOR PDS ONLY 0 | | AGE 35 | |
| SPEED LIMIT 40 | | SAF. EQU. 130 | | EQ PROB. 01 | | EJECT 01 | | CITATION NUMBER (S) A152454 | | FAULT 01 | | EJECT 01 | |
| CONDIC 01 | | DRIVER'S LICENSE NUMBER 3A-2-003-622 | | STATE PA | | CLASS A | | CONDIC 02 | | DRIVER'S LICENSE NUMBER C-610-847-744-368 | | STATE MD | |
| CONTINU 01 | | OR DATE OF BIRTH 01/15/64 | | IRREGULAR CONDITION 0 | | HIM SPILL 0 | | HAZ MAT NUMBER 0 | | CONTINU 02 | | OR DATE OF BIRTH 11/24/64 | |
| BODY TY 05 | | COMMER. VEHICLE ONLY 0 | | U.S. DOT NUMBER 40621 | | ICC NUMBER 00 | | BODY TY 05 | | COMMER. VEHICLE ONLY 0 | | U.S. DOT NUMBER 00 | |
| MOST HE 01 | | OWNER OR CARRIER NAME (Write "SAME" if Driver) Lam Truck Inc | | TEL. 717-355-3044 | | MOST HE 01 | | OWNER OR CARRIER NAME (Write "SAME" if Driver) Same | | TEL. 301-353-1500 | | EJECT 01 | |
| CONTRIN 01 | | CIRCUM. STANCES 01 | | OWNER/CARRIER ADDRESS 355 New Holland PA 17551 | | CONTRIN 02 | | CIRCUM. STANCES 01 | | OWNER/CARRIER ADDRESS Same | | TOWED VEH (S) 0 | |
| YEAR & MAKE OF VEHICLE 99 Ford | | MODEL Excursion | | TH IMPACT PT. 01 | | MAIN IMPACT 01 | | YEAR & MAKE OF VEHICLE 00 Buick | | MODEL Wildcat | | TH IMPACT PT. 01 | |
| EXP YR & REGISTR. STATE 00 PA | | AREAS DAMAGED 00 | | INSURER Donaghy | | EXP YR & REGISTR. STATE 00 MD | | AREAS DAMAGED 00 | | INSURER 00 | | EXP YR & REGISTR. STATE 00 MD | |
| VEHICLE ID NUMBER 1H15C1A44X4208078 | | POLICY NUMBER 014400 | | VEHICLE ID NUMBER 45C22400 | | POLICY NUMBER 00 | | VEHICLE ID NUMBER 00 | | POLICY NUMBER 00 | | VEHICLE ID NUMBER 00 | |
| VEHICLE REMOVED BY Not Towed | | VEHICLE REMOVED TO 00 | | VEHICLE REMOVED BY 00 | | VEHICLE REMOVED TO 00 | | VEHICLE REMOVED BY 00 | | VEHICLE REMOVED TO 00 | | VEHICLE REMOVED BY 00 | |
| TRAFFIC UNIT # 1 | | SEATING POSITION W | | CODE all injured & uninjured PASSENGERS below. Use "W" for witness in TRAF UNIT and SEAT columns. WRITE NAME & ADDRESS of injured Passengers and Witnesses. | | WITNESS telephone # 0 | | SEX 0 | | AGE 101 | | SAFETY SEAT 102 | |
| NAME Ray J. Smith | | ADDRESS 516 America St | | CITY 0 | | STATE 0 | | CITY 0 | | STATE 0 | | CITY 0 | |
| NAME Mr. Arkel Mel Zim | | ADDRESS 301-657-5401 | | CITY 0 | | STATE 0 | | CITY 0 | | STATE 0 | | CITY 0 | |
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